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TO: Examiner Marceau Milord
Group Art Unit 2682

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

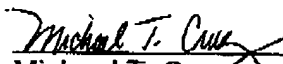
USER ID: 8084

CLIENT: 1772

MATTER: 15262US02

Number of Pages This Transmission (Including Cover Page): **26**

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Michael T. Cruz
Reg. No. 44,636

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(MON) 5. 1'06 11:20/ST. 11:19/NO. 4861050690 P 2

PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		09/692,420	
		Filing Date	
		October 19, 2000	
		First Named Inventor	
		H. Darabi	
Art Unit		2682	
Examiner Name		Marceau Milord	
Total Number of Pages in This Submission		Attorney Docket Number	
25		15262US01	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form		<input type="checkbox"/> Drawing(s)	
<input type="checkbox"/> Fee Attached		<input type="checkbox"/> Licensing-related Papers	
<input checked="" type="checkbox"/> Response (21 Pages)		<input type="checkbox"/> Petition	
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition to Convert to a Provisional Application	
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input checked="" type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
		<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
		<input type="checkbox"/> Proprietary Information	
		<input type="checkbox"/> Status Letter	
		<input type="checkbox"/> Return-Receipt Postcard	
		<input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks		Extension of Time Request filed in Duplicate.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Michael T. Cruz</i>		
Printed Name	Michael T. Cruz		
Date	May 1, 2006		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile transmission to Examiner Marceau Milord at the United States Patent and Trademark Office, fax No. 571 273 8300, on May 1, 2006.			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	May 1, 2006

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FROM McANDREWS, HELD, & MALLOY

MAY 01 2006

(MON) 5. 1'06 11:20/ST. 11:19/NO. 4861050690 P 3

PTO/SB/17 (01-06)

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2006**

Complete if Known

Application Number	09/692,420
Filing Date	October 19, 2000
First Named Inventor	Hooman Darabi
Examiner Name	Marceau Milord
Art Unit	2682
Attorney Docket No.	15262US01

☐ Applicant claims small entity status. Sec 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120.00

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy
- For the above-identified deposit account, the Director is hereby authorized to (check all that apply)
- ☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee(\$)	Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	350	180
Total Claims		
-20 or HP		
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims		
-3 or HP		
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Petition for One-Month Extension of Time (\$120)</u>	120.00

SUBMITTED BY

Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz	Date	May 1, 2006		